



**Guidance on Tobacco-Limited Services for OASAS Certified, Funded or Otherwise Authorized**

**Programs for Adults**

All New York State OASAS certified, funded, and otherwise authorized programs should promote a healthy lifestyle, including becoming tobacco-free, for all patients served. Becoming tobacco-free, however, may not be the goal of patients enrolled in OASAS programs, necessitating a harm reduction approach that allows patients to have limited ability to smoke cigarettes, provides them with effective pharmacological and behavioral treatments for nicotine craving, nicotine withdrawal, and tobacco use disorder, and educates them about the health consequences of tobacco use and the benefits of a tobacco-free life. This guidance provides information to OASAS certified, authorized, or funded programs that provide services to adults who want to be tobacco-limited, as defined by Title 14 NYCRR Part 856 Tobacco Use in Adult Services.

**This guidance does not apply to prevention, treatment, or recovery services for children, youth, adolescents, and/or young adults, which must remain tobacco-free.**

Additionally, any OASAS certified, funded or otherwise authorized programs for adults may choose to remain tobacco-free in accordance with the NYS Public Health Law Section 1399-O or return to being a tobacco-free program after becoming tobacco-limited.

A central component of allowing cigarette use in inpatient, inpatient residential, and residential programs for adults is reducing the harm from smoking cigarettes by implementing cigarette tapering protocols. These protocols decrease the daily number of cigarettes smoked by the patient by a set amount at set intervals during their admission with the goal of significant reductions in or full cessation of cigarette use by discharge. The scheduled time to smoke cigarettes in a designated place at designated times also is limited to ensure that smoking while in the program is not considered a social activity.

Because outpatient programs, supportive living, and residential reintegration (scatter site) cannot ultimately limit the daily number of cigarettes smoked by patients, they are not required to implement cigarette tapering protocols if they choose to allow cigarette use in the program, but they are encouraged to adopt aspects of the tapering protocol outlined in this guidance that can help patients reduce the harms associated with cigarette smoking.

All OASAS certified, funded, or otherwise authorized services for adults that choose to allow the limited use of cigarettes by patients in a designated area at designated times must continue to address tobacco/nicotine use and tobacco use disorder as they would any other addiction being treated in their program. To this end, adult services that want to offer tobacco-limited services will create and revise policies and procedures consistent with the following criteria:

## **FOR ALL OASAS CERTIFIED, FUNDED, OR OTHERWISE AUTHORIZED PROGRAMS:**

### **RESTRICTIONS**

1. Prohibits the use of all tobacco products and nicotine delivery systems (NDS) by patients, all paid, unpaid, and contract staff, volunteers, family members, and visitors in facilities and in vehicles owned and operated by the program.
  - a. Tobacco products include but are not limited to cigarettes, cigars, pipe tobacco, loose tobacco, roll-your-own-tobacco, and smokeless tobacco.
    - i. OASAS reserves the right to revise the definition of tobacco products at any time.
  - b. Nicotine delivery systems (NDS) are any electronic or modified mechanical devices that deliver aerosolized nicotine, flavorings, and/or other chemicals by inhalation of a non-combustible liquid or gel, and any refills, cartridges, and/or any other components of such devices.
    - i. Nicotine inhalers that are Food and Drug Administration (FDA) approved medications for the treatment of tobacco use disorder (TUD) are excluded from the definition of NDS if the nicotine inhaler is prescribed and monitored by a physician, physician assistant, or a nurse practitioner.
    - ii. OASAS reserves the right to revise the definition of NDS at any time.
2. Prohibits all paid, unpaid, and contract staff and volunteers from:
  - a. Using tobacco products or NDS when they are in the program facilities, on facility grounds, or in vehicles owned and operated by the program.
  - b. Purchasing tobacco products or NDS for patients, family members, or visitors.
  - c. Giving tobacco products or NDS to patients, family members, or visitors.
  - d. Using tobacco products or NDS with patients, family members, or visitors.
  - e. Giving matches or lighters to patients, family members, or visitors.
3. Prohibits advertising on all media platforms, on program websites, in program brochures, flyers, and other printed media, and during prepared presentations about program services that the program is tobacco-limited.

### **TRAINING**

1. Requires clinical, non-clinical, administrative, and volunteer staff to receive evidence-based training about:
  - a. Screening and assessment for tobacco/nicotine use and TUD.
  - b. The effects of tobacco/nicotine on physical and mental health.
  - c. Counseling for reducing harm from and cessation of tobacco/nicotine use.
  - d. Medications for the treatment of TUD.
    - i. Trainings shall be described in the program's policies and procedures.
2. Requires that staff receive these trainings when newly hired and annually.
  - a. Programs must maintain a log of staff trainings.

### **SCREENING AND ASSESSMENT**

1. Includes screening questions about tobacco/nicotine use on intake forms for the program.
2. Screens for current and lifetime tobacco/nicotine use using evidence-based screening instruments as part of the initial assessment and every six (6) months while the patient is admitted to the program.
3. Assesses tobacco/nicotine use and TUD using evidence-based assessments if the screen is positive.
4. Documents the results of screenings and assessments in the patient's record.

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5. Documents tobacco/nicotine use or TUD in the diagnoses, problem lists, progress notes, and treatment plans.

### **TREATMENT**

1. Provides a standardized group curriculum about the physical and psychological effects of tobacco and nicotine.
2. Provides evidence-based group treatments to patients that are aligned with their level of motivation to change their tobacco/nicotine use and that use evidence-based interventions for the treatment of all substance use disorders such as motivational interviewing and relapse prevention.
3. Provides FDA-approved medications for the treatment of nicotine withdrawal, nicotine craving, and TUD.
  - a. Provides written information about these medications to patients.
4. Documents the patient's response to group and pharmacological treatments for tobacco/nicotine use or TUD in the patient's record.
5. Includes discharge planning and resources for aftercare that allow the patient to continue working towards a tobacco-/nicotine-free life by maintaining the gains made in reducing or ceasing tobacco/nicotine use while in treatment.
6. Describes employee assistance programs and other programs that will be made available to staff who want to stop using tobacco products, NDS, or nicotine-containing products.

### **COMMUNICATION**

1. Describes how patients, all staff, volunteers, family members, and visitors will be informed of the tobacco-limited policies including posted notices and providing copies of the policy.

### **ADDITIONAL CRITERIA\* FOR INPATIENT, INPATIENT RESIDENTIAL, INTENSIVE AND COMMUNITY RESIDENTIAL, AND RESIDENTIAL STABILIZATION, REHABILITATION, AND REINTEGRATION (CONGREGATE) ONLY:**

#### **FACILITY GROUNDS**

1. Allows for the limited use of cigarettes only by patients in a designated area on the facility grounds at designated times.
2. Identifies and designates an outdoor area on facility grounds where only patients may smoke cigarettes.
  - a. The outdoor designated smoking area must be 100 feet from all entrances.
  - b. OASAS will not incur any expenses to create a new space for this purpose.
3. Prohibits staff, volunteers, family members, and visitors from using all tobacco products and NDS in program facilities, in program vehicles, and on program grounds, including the outdoor designated area where patients are permitted to smoke cigarettes.

\*Inpatient, inpatient residential, and outpatient programs located in or on the grounds of hospitals or medical centers must continue to follow the tobacco use policies and procedures of the hospital or medical center.

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## **CIGARETTE TAPERING PROTOCOLS AND NICOTINE DOSING ADMINISTRATIONS**

1. Implements standardized cigarette tapering protocols that decrease the number of cigarettes the patient smokes daily by a set amount at set intervals during the admission with the goal of significant reductions in or cessation of cigarette use.
  - a. Patients who smoke cigarettes but choose not to be placed on a cigarette tapering protocol will receive treatment for TUD but will not be permitted to smoke cigarettes during their admission.
  - b. Patients who solely use NDS will not be permitted to smoke cigarettes and will receive medications for the treatment of nicotine withdrawal, nicotine craving, and TUD.
  - c. Patients may not be treated with an FDA-approved NDS other than nicotine inhaler.
2. Schedules nicotine dosing administrations (NDAs) consistent with the standardized cigarette tapering protocols.
  - a. The goal of NDAs will be to receive a dose of nicotine by cigarette.
  - b. There will be no more than ten (10) NDAs per day.
  - c. The time to smoke cigarettes will last no more than five (5) minutes.
    - i. Limiting the time for NDAs reinforces the message that the time is to be used for nicotine dosing, only, and not for socializing.
  - d. The schedule of NDAs will be for set times each day, cannot be arbitrary, and cannot be during scheduled groups or individual sessions.
  - e. The schedule of NDAs will be posted and will be communicated to staff and patients.
3. Requires that a staff member remains with the patients during each scheduled NDA.

## **CIGARETTES, LIGHTERS, AND MATCHES**

1. Prohibits patients from using NDS and tobacco products other than cigarettes.
2. Accepts only closed and factory sealed packages of cigarettes that the patient has brought to the program.
3. Limits tobacco products that family members and visitors can bring to patients admitted to the program to closed and factory sealed packages of cigarettes.
4. Prohibits patients from selling or sharing cigarettes.
5. Prohibits patients from trading cigarettes for goods or services.
6. Prohibits staff from using cigarettes as an incentive or a reward.
7. Establishes procedures for maintaining each patient's cigarette supply and distributing predetermined cigarette allotments per the patient's cigarette tapering schedule.
8. Provides and monitors matches or lighters that are held by the program and used to light cigarettes during NDAs.
9. Prohibits patients from bringing matches or lighters to the program or having them in their possession during their admission to the program.
10. Prohibits family members and visitors from giving matches or lighters to patients.

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## **ADDITIONAL CRITERIA\* FOR SUPPORTIVE LIVING, RESIDENTIAL REINTEGRATION (SCATTER SITE) AND OUTPATIENT PROGRAMS, ONLY**

### ***FACILITY GROUNDS***

If a supportive living, residential reintegration (scatter site), or an outpatient program chooses to allow cigarette smoking by patients on facility grounds, the program must:

1. Identify and designate an outdoor area on program grounds where only patients may smoke cigarettes.
  - a. The designated outdoor smoking area must be 100 feet from all entrances.
  - b. OASAS will not incur any expenses to create a new space for this purpose.
2. Prohibits all paid, unpaid, and contract staff, volunteers, family members, and visitors from using tobacco products and NDS on program grounds.

\*Inpatient, inpatient residential, and outpatient programs located in or on the grounds of hospitals or medical centers must continue to follow the tobacco use policies and procedures of the hospital or medical center.

### **Recommended Trainings**

The Center for Practice Innovations ([Center for Practice Innovations](#)) offers a wide array of free trainings on TUD that satisfy the provisions of this guidance that programs can use for their staff trainings.

### **Attestation Form for Tobacco-Limited Services**

OASAS certified, funded, or otherwise authorized programs serving adults that are interested in offering tobacco-limited services must submit a form attesting that their tobacco-limited policies and procedures meet the criteria outlined in this guidance.

OASAS reserves the right to review a program's tobacco-limited services policies and procedures at any time, and if the policies and procedures are out of compliance with the guidance criteria and/or do not meet the standard of care for any reason, to request revisions of the policies and procedures and initiate regulatory action as necessary and appropriate. The attestation may be found at <https://oasas.ny.gov/tobacco-limited-attestation>.

### **Tobacco-Limited Services Policies and Procedures Examples**

Examples of cigarette tapering protocols and nicotine dosing administrations (NDAs), and the storage and distribution of cigarettes are included below. These examples are not intended to represent perfect protocols or to be adopted verbatim, but rather to guide programs in creating protocols and procedures that work in their program setting, align with local resources, and meet the needs of the population they serve. Questions about this guidance should be sent to the Addiction Medicine mailbox at [AddictionMedicine@oasas.ny.gov](mailto:AddictionMedicine@oasas.ny.gov).

#### **Example: Cigarette Tapering Protocol**

The program will implement tapering protocols for those patients who smoke cigarettes so that over the course of their admission they will significantly reduce the number of cigarettes smoked per day or cease smoking completely.

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Patients will be divided into five categories according to their level of cigarette use, identified by a number on their program identification bracelets (*note: other options for identifying levels of cigarette use include but are not limited to numbers on a name tag or colored bracelets*) that must be worn at all times by all residents in the community:

- Level 0 – no cigarette smoking, or use of other tobacco products, or use of nicotine delivery systems.
- Level 1 – very heavy cigarette smoking: 31 or more cigarettes per day
- Level 2 – heavy cigarette smoking: 21 to 30 cigarettes per day
- Level 3 – moderate cigarette smoking: 11 to 20 cigarettes per day
- Level 4 – mild cigarette smoking: 1 to 10 cigarettes per day

The taper will start at the level appropriate to the patient’s reported daily use of cigarettes at the time of admission and gradually decrease the number of cigarettes per day to zero or the lowest number possible based on the length of the patient’s admission.

**Smoking Schedule**

Level 1	10 cigarettes per day for seven days
Level 2	8 cigarettes per day for seven days
Level 3	6 cigarettes per day for seven days
Level 4	4 cigarettes per day for seven days
Level 0	No cigarettes

Patients who use tobacco products other than cigarettes or who use nicotine delivery systems (NDS) other than FDA-approved nicotine inhalers will not be permitted to smoke cigarettes. They will receive counseling and medications for the treatment of TUD.

**Example: Nicotine Dosing Administrations (NDAs)**

At designated times during the day, patients will meet as a group in the recreation room according to the schedule for their level. The group will be escorted by a staff member to an outdoor designated smoking area that is at least 100 feet from all entrances. Once at the smoking area, the patients will be given five (5) minutes (timed) for nicotine administration, only, and then will return to the building. Three lighters will be given out by staff to be shared among the group to light cigarettes. The lighters will be returned to staff at the end of the smoking period. Patients who do not have cigarettes for their designated smoking time will not go with the group to the designated smoking area.

The five-minute limit for smoking is to minimize the social aspect of smoking since it does not allow for much more than cigarette use. Fifteen minutes, which is the current time between activities in the program schedule, will be the total time for patients to gather, go to the designated area, smoke, and return to the facility. This time is for patients to get refreshments and socialize before the next program activity. Patients will need to choose between smoking and these activities repeatedly per their smoking schedule during the day.

**Examples: Storage and distribution of cigarettes**

***Example 1: Program holds cigarettes and distributes them at the time of each designated nicotine dosing administration (NDA).***

Each patient will have an assigned container with an attached inventory sheet. Cigarettes will be inventoried daily by staff with the patient, and the sheet signed by the patient as evidence of a correct inventory count by staff and the patient. Cigarettes will be stored in a secure location in the health coordinator's office.

Example 2: Program holds cigarettes and distributes the patients' daily allotments each morning.

Closed and factory sealed packages of cigarettes given to staff by patients will be stored in a secure location in the health coordinator's office. Each patient will be assigned a case when admitted and the case will be kept with the patient's cigarettes. Overnight staff will fill each patient's case according to their level of cigarette use and give each patient their case with their daily allotment of cigarettes each morning. The patients will turn in their cases each evening for the process to be repeated for the following day.